



Committee for Accreditation of Healthcare Simulation
Programs

Core Simulation Education Accreditation Standards
Companion Document

2026 Standards Revisions

This Companion Document has been designed to help you with becoming accredited. Primarily it serves these purposes:

1. Provide insight and information for applicant programs.
2. Explain and describe the types of evidence expected to meet each of the Standards.
3. Ensure clarity for what is provided prior to the site visit as part of the accreditation packet.

IMPORTANT: the descriptions and evidence provided are NOT prescriptive. The SSH Accreditation Standards are designed to allow Simulation Programs in any setting to apply. It is recognized that there are many ways to achieve outcomes as well. As such, any evidence listed is representative of the types of information that have been acceptable. This companion document should not be considered a prescriptive list of items all Programs must complete, but rather a tool to help each Program identify how to best meet each standard. Should you have any questions about any of the Standards or criteria, or feel that they do not fit your Program for any reason (e.g., cultural), please contact the SSH Accreditation Program at accreditation@ssih.org.

DOCUMENT ELEMENTS

The standards for each area of Accreditation are broken into different elements:

▪ Standard Area Description (in the dark blue area) – High-level description of the overall content in the area of accreditation (Core-ARHSF)	
1. Section header (boldfaced type with a number in the light blue area) – The title for the section that groups items together, each area of accreditation has its number of sections.	
a. <i>Standard statement (italicized with a lower-case letter in the light blue area)</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Criterion (items listed in the white area in the left column of the table) – These are the items that must be provided to demonstrate meeting the standard.	▪ The column (in the white area) to the right side of the Criterion in the companion document is where the Program can find information about the intent of specific criteria; and examples, clarifications, and descriptive information that will help the Program respond to each standard and criterion.

TERMINOLOGY

- **DEMONSTRATE:** This term is consistently used for overall Standards statements. “Demonstrate” means the Program must show how the standard is met (through the criterion). There are often many ways to demonstrate meeting individual criterion.
- **DESCRIBE:** This term is used to indicate that a narrative is sufficient as evidence to meet a particular criterion. If documentation is requested in addition to the description, the criterion will specify with the following phrase: “*Describe and provide supporting documentation.*”
- **DOCUMENT:** This term is used to indicate that some form of documentation must be provided as evidence to meet a particular criterion. Examples of this could include providing a list of items such as equipment, a policy, and procedure, a floorplan, simulation design forms, etc. If a description is required in addition to the documentation requested, the criterion will specify the following phrase: “*Describe and provide supporting documentation.*”
- **PROGRAM:** The term “Program” refers to the simulation center or organization that is applying for accreditation. The Program could refer to a stand-alone facility, a collaborative simulation consortium, or the Program could be part of an overarching organization.
- **PROGRAM LEADER:** All SSH Standards and Criteria use the term “Program Leader” to describe the person with primary authority for the Simulation Program. The term “Program Leader” is meant to be all-encompassing for the official title at your Simulation Program.

CORE SIMULATION EDUCATION STANDARDS AND CRITERIA

Core Simulation Education Standards are the fundamental structural and operational standards that all accredited Programs must meet. The seven sections of Core Simulation Education Standards are:

(1) Mission & Governance, (2) Program Management, (3) Resource Management, (4) Human Resources, (5) Educational Activity Design, (6) Program Improvement, and (7) Expanding the Field.

1. MISSION AND GOVERNANCE

a. The Simulation Program has a clear and publicly stated mission and vision statement as well as the ethical standards and/or value statement(s) that specifically addresses the intent and functions of the Program.

- This is the standard. Evidence should be provided based on the criteria in the subsections below.

i. Document: Provide the mission and vision statement(s) for both the Program and the overarching organization (if one exists).	▪ A mission statement is a <i>present</i>-based statement of purpose for the Program, the Program's reason for existing. The reason usually includes a description of their learners, Program impact, and methods used to make the change (simulation, research, assessment, etc.). The mission statement should guide the actions of the Program and related decision-making. ▪ A vision statement is a <i>future</i>-based statement that is a declaration of the Program's long-term goals. Long-term goals may include a patient improvement benefit. Usually, Programs include the values that will help them to achieve their goal. ▪ The Program's mission/vision statement(s) may be similar to the parent organization's mission/vision but should be reflective of the Simulation Program. • An organization with a purpose and commitment statement would be acceptable in lieu of a mission and vision statement.
ii. Describe in what manner the Program's mission and vision are publicly displayed.	▪ Site reviewers will be looking for evidence that the Program's mission and vision statements are publicly displayed. Examples of public display may include mission and vision statements which are: - Posted on a website (internal and/or external) - Posted on a publicly visible wall of the simulation center(s) - Included in printed materials, flyers, etc. - Included in a presentation to the Program's governing or oversight body

iii. Document your Program's value statement(s) and/or the ethical standards utilized by the Program.	▪ Document or describe the value statement(s) or ethical standards that are utilized by the Simulation Program. These should be guiding principles to promote values and ethics within your program. ▪ Site Reviewers would expect examples similar to the following: – Value statements that are adopted from the parent organization or adapted to meet the work within the simulation program. – Ethical standards for physicians, nurses, and other healthcare professionals, including the modeling & simulation community. – Generally accepted principles from larger entities (e.g., government) or a consensus process. – Integration of the Healthcare Simulationists Code of Ethics – Principles that promote values including trust, good behavior, fairness, and/or kindness.
iv. Describe how the Program operationalizes these value statement(s) and/or ethical standards	▪ Describe how the Simulation Program meets the ethical standards described in Standards Criterion 1.a.iii. – A description should be provided of how the Program is operationalizing the ethical standards they have implemented. – An example of this could be: • Policy Integration • Learner Handbook • Simulation Faculty/Facilitators Onboarding Guides • Reflection in regular Leadership meetings • Case Studies and simulations that demonstrate ethical decision making
<i>b. The Simulation Program has a written strategic plan designed to accomplish the mission and vision of the Program.</i> - This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the process for strategic planning.	▪ Describe the process by which the strategic plan is drafted, reviewed, and approved. ▪ Include the primary person(s) responsible for strategic planning and plan development.

ii. Document: Provide a written strategic plan, including the Program's goals for the next three to five years and how they will be achieved.	▪ There should be a specific three to five-year plan to achieve Simulation Program goals. – Goals need to be specific, measurable, relevant, and include a time frame. – Programs should list who is responsible for the goal or metrics used to track goal progression. – Goals should be aligned with parent organization (<i>if one exists</i>) – Describe how the plan was created with input from and/or approved by the governing body. ▪ It should be clear to the Reviewers where the Program is at in the strategic planning timeline. ▪ <i>Ex:</i> Often, Programs use accreditation as a goal within their strategic plan. However, reviewers are looking for Programs to describe their goals beyond just becoming accredited.
iii. Describe the operational trends that you anticipate will impact the Program for the next three to five years.	▪ Describe anticipated short-term and long-term trends. ▪ Examples include (but are not limited to): – Program growth – Resource needs – Alignment to new organizational priorities – Adding additional sites – Adding additional areas of accreditation
c. <i>The Simulation Program has a clearly identified and appropriate organization and governance structure.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation for the Program's organization and structure, including how it is linked to the overarching organization if one exists. <i>Please provide all applicable organizational charts.</i>	▪ A narrative description should be provided that describes how the Program is structured, including its link to the overarching organization. ▪ Programs that are part of an overarching organization (e.g., University, Hospital, Health System) should provide both descriptions for the Program itself and the overarching organization and needs to include detail above and below the level of the Program Leader. ▪ The organizational chart(s) should include: – Program Leader's chain of command to the senior administrator of the organization. – All personnel/staff that support the Simulation Program. ▪ NOTE: <i>The Program Reviewers will be looking to match the staff, job descriptions, and titles to the organizational chart. It is helpful to have the organizational chart include position title and corresponding staff names on the Program-specific organizational chart. The purpose of this criterion is to demonstrate the Simulation Program's place within the larger organization.</i>

ii. Describe the governance structure, including people or committees that provide oversight and/or advisory functions to the Program.	- Describe the individual or governing body's purpose, responsibilities, membership, and frequency of meetings. - Provide past meeting minutes, attendance records, or post-meeting action items.
iii. Describe the process by which the governance structure provides oversight and reviews/approves the activities of the Program.	- The narrative should include how the governance structure's process provides high-level leadership and guidance for Program activities. Examples: - Discuss how does the governance structure function and what is its relationship to the Simulation Program? - Describe how are decisions made regarding Program activity and resources? - Does the group make budget, curriculum, and/or priority decisions? - What is the Program Leader's role in the governance structure? - What data drives the governance structure in their decision-making?
<i>d. The Simulation Program has a clearly defined process to connect educational activities to the mission and vision.</i> This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation of the process to link simulation activities to the Program's mission, vision, and strategic plan.	- Demonstrate how the Simulation Program ensures activities align with the Program's mission and goals. Examples include: <i>A quarterly report is created and shared with the Director and Advisory Committee of the Simulation Program.</i> <i>The Program's design process directly connects expected learner outcomes to the mission and vision..</i>
2. PROGRAM MANAGEMENT <i>a. The Simulation Program has adequate financial resources to support its mission and vision.</i> This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the Program's budget process for operating and capital expenses and identify the individual(s) responsible.	- Describe the process by which the Program budget is drafted, reviewed, approved, and funded to include various sources of funding. - The primary person responsible for daily operating expenses needs to be identified.
ii. Describe the Program's current financial status.	- Describe the current financial status referencing the adequacy of operating and capital funds to allow the program to function. - Listing of actual funds does not need to be revealed. We are interested in program financial stability and not budget account totals.

iii. Describe the Program’s financial sustainability over time (past, present, and future).	▪ Describe the anticipated growth of the Program and how financial support will be provided. ▪ Discuss potential or anticipated funding changes, which could include: grants, fee-based, tuition based, and/or philanthropy. ▪ Be prepared to discuss all aspects of sustainability with Reviewers during site review.
<i>b. The Simulation Program provides day-to-day oversight of simulation activities.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the process for the day-to-day oversight and coordination of various simulation activities within the Program.	▪ Describe the day-to-day oversight of the Program, which may include: – Operation activities for the Program Leader and Team. – Discussing how daily decisions are made regarding Program activities and resources?
ii. Describe and provide supporting documents for the methods used to ensure the staff is informed on daily simulation activities and Program operations.	▪ Examples: – Scheduled staff meetings – Team huddles – Special training sessions – Communication platforms – Newsletters – Department websites
<i>c. The Simulation Program has written policies and procedures to ensure the Program provides quality services and meets its obligations and commitments.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide simulation-specific policies and procedures utilized by the Program. These should include, at minimum, the policies and procedures listed below:	▪ An organization may identify guidelines, or standard operating procedures, instead of policies and procedures. ▪ The Policy and Procedure Manual needs to be submitted electronically with the application once in its entirety. ▪ The Policy and Procedure documents needs to address (but not necessarily be limited to) all of the topics listed in criteria 2.c.i.1-8. Inclusion of these policies is required. ▪ Additional organizational policies may be referenced as needed. ▪ The most common deficiencies found by site reviewers include: – Lack of standardized oversight process – Lack of organization of policies into a cohesive, accessible manual (electronic or printed) – Missing policies that were not included or available to be reviewed.

1. Confidentiality Procedures	▪ Confidentiality policy/procedure should address: – How participants maintain confidentiality about the simulation experience and content, the performance of others, and debriefing discussions. – How the Program maintains confidentiality of participant information including performance records with potentially identifying information in any format (e.g., evaluations, video, etc.). – Limits of confidentiality, such as the collection of data for approved research studies and assessment, or the release of a participant roster in support of continuing education credits, need to be identified. – Participant performance in some simulation activity (particularly assessments) may not be held in confidence. This should be made clear to live and virtual participants. – Online or virtual activities should have a clear guideline for how confidentiality is to be maintained and communicated to participants. – Aside from learners, confidentiality among all who participate in simulation activities should be addressed. This could include (but is not limited to): ▪ Program Staff ▪ Faculty or Educators ▪ Observers ▪ Standardized Patients
2. Physical and Psychological Safety	– Safety policies address how both learners and staff will be kept safe while in the simulation environment. This should address safety for learners, SPs, staff, faculty, and patients. – Examples of physical safety discussion could include (but are not limited to): – Addressing the labeling and storage of real medical equipment. (Example, if using a working defibrillator does it get routinely serviced or does the Program use “For Simulation Purposes Only” stickers). – How are participants oriented? (Example, is a standard prebriefing done or how does a learner know how to come out of the simulation in case of an emergency.) – Incidents of inclement weather, fire, healthcare emergency, or active shooter situations – Psychological safety mechanisms may include (but not limited to): – How staff/faculty should manage distressed learners. – A mechanism for seeking assistance with emotional issues that arise from simulation activities, if needed, at your institution – A process to ensure learners are aware of these mechanisms. – An orientation and/or prebriefing process that ensures participants are aware of the simulation environment, equipment, logistical details, confidentiality, simulation realism, and expected learning objectives conducted through the activity. ▪ Debriefing facilitation is conducted by an appropriately trained person.

3. Faculty Development	- The Program must have a policy that outlines specific steps a faculty member must complete prior to participating in a simulation activity. - This policy should address prior accepted training, completion of educational modules prior to participating in Program events, completion of pre-determined mentorship with Program team. - This policy should address faculty alignment with simulation activity. - A discussion of the process a faculty member might complete in order to participate in a simulation activity.
4. Separation of Simulation and Actual Patient Care Materials	▪ The Program must have a policy to ensure the separation of simulated and actual patient care supplies/equipment. ▪ Distinctions between simulation and actual clinical equipment (e.g., defibrillators, etc.) and supplies (e.g., medications, etc.) should be clear. ▪ Details to be addressed in the policy may include labels (e.g., for simulation use only; not for patient care; etc.), management, cleaning, storage, disposal, etc. ▪ Separation policies/procedures are particularly important for in situ simulations. Reviewers often find it helpful when Programs provide how their items are accounted for when leaving patient care areas such as using an item checklist. ▪ Detail how the Program ensures no real medications or equipment are brought to the simulation center without following the Program's process for allowing it.
5. Storage and Maintenance of Equipment and Supplies	▪ The Program must have a policy to ensure equipment and supplies are properly stored and maintained. ▪ For the process of equipment maintenance, the general mechanism can be described (e.g., we purchase maintenance agreements for all simulators which are capital purchases; all equipment is inspected/repared by our biomedical department, etc.). Documentation consisting of specific individual equipment maintenance policies is acceptable. ▪ The scheduled interval time(s) of maintenance needs to be identified. ▪ A sample of maintenance records could be included. ▪ The staff member responsible for equipment maintenance should be identified (by role, e.g., the simulation technician).
6. Video Recording	▪ The Program must ensure the proper use and security of video recording. ▪ The policy should include (but is not limited to): - How and when permission for video recording is obtained including the consenting process and a copy of the video consent form. Parameters for use of video recordings. - How and where the videos will be stored, backed up, and procedures for recovery. - Guidelines for access: • Who has access?

	• What level of access? • How is the security of video recordings assured? ▪ Guidelines for retention and destruction/deletion of recordings. <i>(This can be aligned with the Program's parent institution.)</i>
7. Data Retention	▪ The Program must have a policy to ensure the proper record and data retention. Video is one form of data, this policy includes many other types of data, e.g., databases or other electronic records, paper forms such as evaluations, etc. ▪ Much of this data must be protected and not accessible publicly. ▪ The policy should include (but not limited to): – How data is acquired, in what form. – Where data will be stored, backed up, and procedures for recovery – Guidelines for access: • Who has access • How the security of learner and research subject data is protected – Guidelines for retention and destruction/deletion of learner and research subject data. – Retention policies may vary on the type of activity (formative, summative, high stakes, and/or research). ▪ Programs may consider sharing any forms they may have for users to make records or data requests.
8. Prioritization of Simulation Resources	▪ The purpose of this policy is to ensure Programs have a policy to prioritize the utilization of space and resources. ▪ Prioritization includes: – Discussion or ratings completed by Program staff and/or leadership – Guidance from Program governance – Input from Program participants or clients ▪ Prioritization includes: – Alignment with organizational priorities – Alignment with Program strategic goals – Resource needs (duration, staff, equipment, etc.) – Number or type of participants – Potential impact for participants, for the Program or the Organization ▪ Availability of facilitators
<i>d. The Simulation Program has the ability to prioritize resources as needed.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	

i. Describe up to three (3) examples that demonstrate how simulation resources are prioritized.	▪ Describe three examples of how the Simulation Program has utilized the policies/processes to prioritize the use of simulation resources. – Supporting documentation can be shared with this description. ▪ Resources for prioritization would include the use of facilities, time, personnel, and equipment.
3. RESOURCE MANAGEMENT <i>a. The Simulation Program has the ability to obtain, maintain, and support simulation equipment and relevant technologies to support the mission and vision of the Program.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the various simulation modalities used in the Program	▪ Describe the various simulation modalities that are used by the Program. These may include (but not be limited to) – Task trainers – Manikin-based – Standardized/simulated patients – Computer-based – Virtual reality – Bioskills (use of human and animal tissue) – Hybrid of one or more of these modalities ▪ Programs are not required to have multiple or all modalities. A successful applicant Program may only use one simulation modality (e.g. standardized patients). The intent of this criterion is for the Program to provide documentation as to what the Program uses.
ii. Document: Provide a list of simulation equipment and resources.	▪ Provide a list of equipment and resources utilized by the Program. Simulators, task trainers, and major biomedical equipment can be listed in a spreadsheet or other document. ▪ Equipment may be described in detail or may be described in general terms (e.g., 2 high-fidelity infant full-bodied simulators OR 2 [brand] high-fidelity infant simulators; 1 ultrasound compatible head/neck/torso for central venous access; etc.). ▪ Par (numerical) totals of small supplies, such as individual medications and bandages, are NOT required. ▪ Other resources may include standardized patients, actors, audiovisual equipment, virtual reality, gaming, screen-based augmented reality, medication dispensing machines, cadavers, electronic health records, etc.

iii. Describe the process to continually assess simulation modalities and how they are evaluated for the current and future needs of the Program.	▪ There should be a process by which the Program identifies the modalities needed to meet overall Program goals and objectives. ▪ Modalities to be assessed could include all the following (but not limited to): – Equipment – Technology – SP methodology ▪ Simulators and technology change over time, as does the need for different simulation activities. The Program should have a plan in place to remain aware of changes in simulation equipment and technologies and ensure activities have appropriate equipment and technology. ▪ Technology can include such things as video systems or computers for instance. It can also include computer programs and applications that are used in simulation (e.g., ▪ mobile apps, recording software, etc.).
b. The Simulation Program has adequate physical space for simulation activities to support the mission and vision of the Program. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the facilities utilized by the Program for simulation activity.	▪ Provide a narrative description of all the facility space utilized by the Program. The narrative needs to include the functionality and intended use of the rooms. If in-situ simulation is a standard component of simulations, please include this in the description. ▪ Describe how the facilities of the Program are adequate for the number of courses and participants discussed. For example, are there adequate debriefing rooms for the number of participants and sessions that run simultaneously? – Example A: Simulation Center ABC is a 4,000 square foot center which includes 3 rooms designed to represent patient care areas (OR, ED, regular patient room) and 1 room representing a patient's home. There is a private restroom and lounge for the Standardized Patients... ▪ Example B: Simulation Program ABC conducts in situ simulations in the Emergency Department approximately once per month. Access is limited to when there is no active trauma care. A trauma call received during an in-situ simulation necessitates immediate termination of the simulation.
ii. Document: Provide the floor plan/blueprints and/or photographs of facilities utilized by the Program.	▪ Clear images of floor plans, blueprints, and/or photographs are expected of the Program's primary facilities. ▪ Floor plans, blueprints, and/or photographs of in-situ settings can be included. ▪ A video of the facility is a helpful resource for site reviewers to orient to your Program.

c. The Simulation Program provides an adequate number and variety of simulation activities to support the mission, vision, and values of the Program.

- This is the standard. Evidence should be provided based on the criteria in the subsections below.

i. Document: Provide a list of simulation activities for the Program over the past 24 months.	▪ When compiling the information for criteria for this standard, please be aware that: – The site reviewers will not know the specifics of your courses; therefore, make the names unambiguous and descriptive (e.g., brief titles are more helpful than internal codes such as complex course numbers). – Items that require a total should be totaled before submission – Lists can be provided as word documents, excel spreadsheets, downloads from a Learning Management System, etc. – “Year” can be the most recent calendar year, fiscal year, academic year, or other most recent continuous 12-month period, based on the Program’s methods of tracking activities. – Activity/information provided for this criterion should be specific to the applicant Simulation Program. ▪ Please note for reviewers if Program resources are being used for activities that do not include learners or healthcare professionals, including (but not limited to): – Programs renting their facility to an outside entity for activities outside of the mission and vision of the organization. – An internal department delivers simulation in the facility but does not utilize the Simulation Program faculty/staff to develop, implement, or oversee the simulation. ▪ A sample template has been provided but is not required. Details provided in the list/table should include: – Name of Event – Date(s) of Event – Number of Learners – Total Hours
ii. Document the total number of learner contact hours for the past 24 months.	▪ Learner contact hours should be calculated by the Program, and the total number should be calculated and provided for the Reviewers ▪ Learner contact hours are defined as the number of learners times the number of hours of simulation. Courses may be as brief as 15 minutes (e.g., refreshing a technical skill), or may extend over the course of hours, days, weeks, etc. (similar to, e.g., a college course which may meet weekly and extend for a semester). ▪ Number of Learners x Simulation Hours = Learner Contact Hours ▪ – For example, 3 learners who all participate in the same 4-hour simulation course would

	be reported as 12 contact hours.
4. HUMAN RESOURCES a. <i>The Simulation Program has a qualified individual with appropriate authority and time to oversee the Program.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide the job description and any other supporting documents for the Program Leader.	▪ Submit a job description that includes roles and responsibilities for the Program Leader. ▪ Formal human resources (HR) job description can be provided, as well as Program documentation.
ii. Document: Provide an accreditation biosketch for the Program Leader.	▪ Using the SSH accreditation biosketch template provided, submit an accreditation biosketch for the Program Leader. ▪ Information provided in the biosketch should be specifically directed toward the person's experience, publishing, and/or work in <i>healthcare simulation</i>. ▪ The biosketch should not be a full curriculum vitae of the person's experiences and/or work outside of their healthcare simulation work.
iii. Describe how the Program Leader has authority over the operations of the Program.	▪ Provide a narrative description of how the Program Leader has the authority for the operations of the Program. ▪ The description should include both how the Program Leader has the authority over daily operations of the Program, and how the Program Leader impacts the strategic direction of the Program.
iv. Describe and provide supporting documentation that demonstrates the Program Leader is assigned sufficient time in this role to support the mission and vision of the Program.	▪ Provide a narrative that describes how the Program Leader has been assigned sufficient time in this role to support the mission/vision of the Program. ▪ This may be demonstrated with the job description that shows percent effort by areas of responsibility and highlights simulation activities or by a letter from their supervisor. ▪ If the Program Leader is part-time, describe the amount or proportion of time dedicated to the Simulation Program.
b. <i>The Simulation Program has adequate staff to support the mission and vision of the Program</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	

i. Document: Provide job descriptions for Program Staff	▪ Staff supporting the Program may include (but is not limited to): – Administrative staff including office administrators, receptionists, and data analysts. – Programmatic staff including research managers, coordinators, and assistants – Operations staff including simulation educators and specialists – Technology staff including simulation technicians, programmers, and audiovisual specialists – Include work-study students, interns, and fellows. (These are sample terms, there may be different titles in various countries) ▪ Submit a job description that includes roles and responsibilities for each position type. ▪ Formal human resources (HR) job description can be provided as well as Program documentation.
ii. Document: Provide accreditation biosketches for all Program Staff.	▪ Using the SSH accreditation biosketch template provided, provide an accreditation biosketch for each Program staff member. ▪ Information provided in the biosketch should be specifically directed toward the person's experience, publishing, and/or work in <i>healthcare simulation</i>. ▪ – The biosketch should not be a full curriculum vitae of the person's experiences and/or work outside of healthcare simulation.
iii. Describe how Program Staff is sufficient to support the mission and vision of the Program.	▪ Provide a narrative of how Program staff identified above and in the organization chart in criterion 1.b.ii are felt to be adequate to support the Program needs. ▪ Sufficiency should be demonstrated and described in both adequacy of the number of staff, as well as appropriate level of experience and aptitude to conduct the operations of the Program to support the mission and vision.
c. <i>The Simulation Program has a process in place to orient, support, and evaluate all Simulation Program Staff.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	

i. Describe and provide supporting documentation as to how the Program orients individuals to their roles and responsibilities	▪ Program staff includes anyone employed, or with dedicated time, by the Simulation Program, this can be referred to as “core” Simulation Program staff. ▪ This will include individuals in the organizational chart (e.g., administrators, educators, operators, assessors, facilitators, standardized patients/participants, and technicians. ▪ “Orientation” refers to any activities that provide initial and continuing support to new staff that is learning and becoming practiced in their position. ▪ The purpose of this criterion is to demonstrate how “core” Simulation Program staff are oriented to their roles. (<i>Orientation for educators, assessors, researchers, etc. that are not “core” Program staff are considered as another standard criterion.</i>) ▪ The orientation Program should be relevant to the role. ▪ Examples of orientation documentation that may be submitted include: – Orientation training agenda – Orientation pathway – Orientation checklist – Orientation dashboard ▪ The Program should also include how “just in time” orientation and training are utilized if at all.
ii. Describe and provide supporting documentation as to how ongoing professional development opportunities are provided to Program Staff.	▪ This criterion is to demonstrate how “core” simulation staff (that is, individuals employed by the Program) are regularly provided opportunities to participate in professional development. ▪ Professional development for educators that are not considered “core” simulation staff are submitted in another standard criterion. ▪ Ongoing professional development examples include evidence of: – Program members attending organizational, regional, national, or other conferences or educational events relevant to simulation – Attending vendor or “in-service” training – Internal training opportunities for Program members. ▪ Attendance records are helpful for professional development activities may be submitted as evidence.
iii. Describe and provide supporting documentation for the ongoing evaluation and feedback processes for all individuals within the Program.	▪ Describe how the ongoing evaluation and feedback process occurs for all Program staff. – This could include how often feedback is provided, what format is utilized, and indicates who participates in the process. – This may be part of an annual review, remediation, performance improvement plans, and/or just-in-time feedback.

5. EDUCATIONAL ACTIVITY DESIGN

a. The Simulation Program has a qualified individual(s) who oversees simulation educational activity design

- This is the standard. Evidence should be provided based on the criteria in the subsections below.

i. Document: Provide the job description(s) and any other supporting documentation for the individual(s) that oversee and coordinate simulation educational activity design.	▪ Submit a job description that includes roles and responsibilities for the individual who oversees and/or coordinates the simulation educational activities design. ▪ Formal human resources (HR) job description can be provided, as well as Program documentation
ii. Document: Provide accreditation biosketch(es) for the individual(s) who oversee simulation educational activity design.	▪ Using the SSH accreditation biosketch template provided, submit an accreditation biosketch for the individual overseeing the simulation educational activity design. ▪ Information provided in the biosketch should be specifically directed toward the person's experience, publishing, and/or work in <i>healthcare simulation</i>. ▪ The biosketch should not be a full curriculum vitae of the person's experiences and/or work outside of their healthcare simulation work.
iii. Describe the qualifications of the individual(s) who have oversight and coordination of simulation educational activity design.	▪ The qualifications provided here should indicate the person overseeing these activities should have expertise in simulation-based education. In many cases, the simulation expert is the same person as the Program Leader ▪ Examples of simulation expertise/qualifications may include: – Post Graduate work in simulation education training. – Evidence of accumulated experience using simulation in healthcare education for at least 2 years. – Continuing education courses in simulation – Simulation certification – Simulation Fellowship

b. The Simulation Program has qualified educators to support simulation educational activity design.

- This is the standard. Evidence should be provided based on the criteria in the subsections below.

i. Describe the individuals who provide educational activities in your simulation program.	▪ Discuss who develops and/or facilitates educational activities within the Program. ▪ The term “educator” is defined in a variety of ways by Programs. For some, the term “educator” is substituted with designations including (but not limited to): – Facilitator – Faculty – Instructor – Teacher – Clinical Educator – Clinical Lead ▪ For some Programs, simulation experts, subject matter experts, and qualified educators are the same person. ▪ Describe how qualified educators are involved in simulation-based educational design within the Program.
ii. Document: Provide accreditation biosketches for the most active educators who are simulation experts (maximum of 5).	▪ Using the SSH accreditation biosketch template provided, submit an accreditation biosketch for each of the active educators who are simulation experts. ▪ Information provided in the biosketch should be specifically directed toward the person’s experience, publishing, and/or work in <i>healthcare simulation</i>. ▪ The biosketch should not be a full curriculum vitae of the person’s experiences and/or work outside of their healthcare simulation work.
iii. Document: Provide accreditation biosketches for the most active educators who are non-simulation experts (maximum of 5).	▪ Using the SSH accreditation biosketch template provided, submit an accreditation biosketch for each of the active educators who are NOT simulation experts. ▪ Information provided in the biosketch should be specifically directed toward the person’s experience, publishing, and/or work in <i>healthcare simulation</i>. ▪ The biosketch should not be a full curriculum vitae of the person’s experiences and/or work outside of their healthcare simulation work.
iv. Describe the process for the Simulation Program to select educators to match the learner group’s level of competency.	▪ Discuss how the process that the Program uses to assure that the educators have the expertise to facilitate educational activities for the level of competency needed for the activity. Examples may include: – The educator has specific training that mirrors the learner’s training level. – Physicians training resident learners. – Nursing faculty from OB working with the nursing learners studying OB.

v. Describe the process to match the qualifications of the educator to the characteristics of the educational activity.	▪ Identify the process in place to ensure educators have the subject matter expertise and simulation expertise are appropriate for assigned educational activities. ▪ While educators may not have received formal training in educational theory, they should be trained, at least internally, to the simulation educational activity they are conducting.
<i>c. The Simulation Program has a process in place to orient, support, and evaluate all simulation educators who participate in simulation educational activities.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation as to how the Program orients educators to their roles and responsibilities.	▪ Describe how the Program orients their educators involved in simulation education ▪ Discuss how the elements of prebriefing/orientation, debriefing, feedback and assessment are included in the orientation process; educator assessment is oriented. ▪ Identify who is doing the orientation (e.g., which Program staff and what expertise, use of external simulation experts, etc.).
ii. Describe and provide supporting documentation as to how ongoing simulation-specific professional development opportunities are provided to simulation educators.	▪ Explain how educators engage in a continuous improvement to develop and refine their simulation skills. ▪ If you have already addressed professional development for your simulation educators, please reference that here. ▪ Ongoing professional development of simulation educators may include: – Educators attending organizational, regional, national, or other conferences or educational events relevant to simulation – Educators attending vendor or “in-service” training – Internal (local) training opportunities for educators.
iii. Describe and provide supporting documentation for the ongoing evaluation and feedback process for all educators within the Program, specific to their simulation educational activities.	▪ Describe how evaluations are performed, and feedback is given to subject matter experts who are not simulation experts, and how feedback is used to implement changes in the educational approach. ▪ This include immediate feedback for individuals who are not at the same level of expertise. – For instance, if an issue is identified related to a specific educator (this could come from peer observation, participant evaluation, etc.), how is it then communicated with the educator and how is it followed up? ▪ The response to this criterion should be specific for feedback/changes in educators, not in educational content (curriculum).
<i>d. The Simulation Program designs simulation educational activities that are evidence-based, engaging, and effective.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	

i. Describe the process to ensure that trained simulationists are included in the design of simulation educational activities.	- Outline how simulation experts are involved in the development of simulation-based education. - Provide details of the specific roles and responsibilities of simulation experts in the simulation scenario case design and/or curricular process.
ii. Describe how the Program assesses the need for simulation educational activities.	- Discuss how the Program bases its educational content on a known need or gap. - Outline the process by which Programs utilize various sources to determine the needs of the learners and develop curriculum from those needs. - This could include (but not limited to): - Needs assessment - Gap analysis - Expert assessment - Learner request - Regulatory requirements – <i>(Regulatory requirements may include topics required by credentialing or accrediting bodies).</i>
iii. Describe how the Program designs simulation educational activities.	- Outline the process of how the Program uses an intentional educational design procedure based on simulation best practice standards, instructional design, and educational theories in the development of simulation courses. - Discuss the educational principles used in the development of simulation courses. These principles should stem from theories of adult learning, experiential learning, active learning, etc. Specific learning theories should be identified. - Site visit will query to see that all individuals involved in simulation design are familiar with the process provided in response to this criterion.
iv. Describe how simulation modalities, locales, and/or the level of realism are determined when designing simulation educational activities.	- Fundamentally, not all simulation modalities are appropriate for all learning objectives. - Additionally, different locales maybe utilized, and differing levels of realism chosen to meet specified goals and objectives. - Examples could include (but not limited to): - Simulators that do not feature chest tube insertion would not be appropriate when the learning objective includes the procedural skill of chest tube insertion. - The utilization of a simulation lab setting may not provide the appropriate locale or realism needed that an in-situ setting can provide. - Demonstrate how the Program ensures that for a given educational activity, the modality of simulation, locales, and/or realism chosen are appropriate - Programs often meet this criterion by describing and documenting their educational review and/or approval process, especially when that process has a specific step to ensure that the simulation modality is appropriate for the learning objective.

v. Document: Provide tools used in the design of simulation educational activities.	▪ Describe the tools used for the design of educational activities. ▪ Documentation and tools that will be useful for demonstrating this criterion include: – A process map on how assessed needs translate to the design of the course curriculum. – Policy and procedure related to simulation curriculum design. – Meeting minutes of groups involved in simulation curriculum design. – Needs assessment tool utilized in the simulation curriculum design process. – Checklist/tool to ensure each step of the design process is completed. ▪ All tools used in the design process need to be submitted (e.g., needs/gap analysis questionnaire; acceptable objectives, terminology, etc.).
vi. Document: Provide a list of simulation educational activities that follow the design process (Max of 10).	▪ The list should demonstrate the Program's stated standard design process for developing educational activities. ▪ Programs should select a maximum of ten activities that reflect this standard design process. ▪ Select activities that are most reflective of the variety of simulation educational activities provided by your Program. ▪ Reviewers may select three educational activities from the list provided and review all the supportive documents for these activities prior to the date of the site review.
<i>e. The Simulation Program has mechanisms in place to evaluate educational activities.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation that simulation educational activities are evaluated systematically and routinely.	▪ Discuss how educational activities are reviewed and updated by the Program on a regular basis. ▪ Policies and/or procedures related to how educational materials are reviewed and updated may be included here. ▪ Reviews may be accomplished in multiple ways: – Expert review – Peer review – Internal feedback – Other appropriate processes ▪ Outline a process for how the curriculum is reviewed and updated - including the reviewer's qualifications. ▪ Examples may include (but not limited to): – An internal policy or process map on curriculum review. – Annual needs assessment – Program evaluation feedback, including information on and how it has been utilized for curricular improvement. – Review based on expert opinion or available evidence base documentation. – Use of Quality Improvement data/Risk Management data.

ii. Document how the educational activity evaluations ensure educational objectives were met.	▪ Provide evidence that the Program is meeting intended educational objectives for the educational activities. ▪ All learner evaluations should include a question related to the educational activity meeting the stated educational objectives. ▪ The process should be well-defined and familiar to those involved in simulation education (learners, educators, etc.,). ▪ It is understood that for any given Program, a variety of processes may be utilized to conduct and collect course evaluations. ▪ Not every course must be evaluated. In some cases, Programs may elect to have a rotating schedule of evaluating recurring courses. In this case, the parameters of the rotating schedule should be clearly documented.
iii. Document: Provide evaluations from educational activities (at least 3, maximum 5) over the past 24 months.	▪ Please include evaluations from 3-5 courses (offered within 24 months) as attachments to the accreditation packet.
6. PROGRAM IMPROVEMENT <i>a. The Simulation Program continually improves the operations of the Program through the use of a quality management system.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation for the quality management system utilized by the Program.	▪ Describe the Program’s programmatic improvements for the time period being reviewed. ▪ Programs need to have a process for identifying areas of improvement and a plan for the improvement implementation. Improvement plans are often reviewed and updated yearly. ▪ Quality improvement strategies need to be cyclical in nature with continuous feedback loops provided to ensure progress is being made and evaluated. ▪ Common quality improvement models used by Simulation Programs could include (but not limited to): – PDSA: Plan-Do-Study-Act cycles – FADE: Focus, Analyze, Develop, Execute – Six Sigma: DMAIC (define, measure, analyze, improve, control) – DMADV (define, measure, analyze, design, verify) ▪ These models are given as examples and are not meant to be prescriptive. No specific model is required for accreditation. The Program just needs to demonstrate a process that ensures programmatic improvements are addressed. ▪ Examples of program improvement processes below: – Job/staffing issues

	• Orientation (e.g., describe how the orientation Program was adjusted based on feedback from faculty or feedback from participants) • Work duties and workload distribution • Annual evaluation/feedback process – Course delivery issues (<i>NOT</i> curricular improvement) • Scheduling process • Room/space adequacy • Program-wide debriefing philosophy – System/Program Process level issues • Scheduling (e.g., describe how improvements have been made to your scheduling process, which may include items such as the new implementation of online scheduling, increased number of sessions based on demand, etc.) • Supply acquisition • Documentation and data management • Evaluation process (not specific course evaluation) ▪ A Program may follow the parent organization's quality improvement plan, but the Program must demonstrate it is used to specifically address simulation needs and activities.
ii. Describe and provide supporting documentation for three (3) improvements made based on the quality management system over the past 24 months.	▪ The Program should provide three examples that the processes described above occurred. ▪ This typically involves documentation or description of an issue being identified, the issue being addressed, and how the issue is resolved. Be sure to indicate the process clearly, who is responsible for each step, and how the Program ensures it is completed.
b. The Simulation Program has a process to engage in continual quality improvement of simulation education activities, at least annually. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide support documentation for the Program's process to review and update simulation educational activities.	▪ Demonstrate that there is a process by which course evaluations are used to inform changes to simulation educational activities. ▪ This process can involve reviewing literature or consulting other experts to get feedback on potential changes. ▪ The process should be reliable and reproducible. This may be accomplished with a checklist or tool (for example), that is used when evaluations reveal changes that need to be considered in simulation curricula. ▪ If there is a committee (or governing body) that reviews evaluations to prompt curricular changes, meeting minutes may be included in the appendix.

ii. Document: Provide examples (at least 3, maximum 5) of changes implemented based on the educational activity review process.	▪ Demonstrate how the changes identified above have been implemented and served to improve educational activities. ▪ Documentation should indicate which educational activity was improved based on the evaluations and updates. ▪ Please provide at least three examples of these changes.
<i>c. The Simulation Program has processes in place to identify and address concerns and complaints.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the process to address concerns and complaints.	▪ Describe the process to address concerns and complaints, which includes identification of what concerns or complaints (or other similar terms) mean to the Program, and how each is addressed. ▪ Concerns or complaints may come from learners, instructors, educators, assessors, researchers, or the public. ▪ If available, provide a copy of the policy or written complaint resolution process.
ii. Describe any concerns and complaints received in the past 24 months and their resolutions.	▪ Describe any concerns or complaints received in the past 24 months and their resolutions. ▪ Describe what is characterized as a concern as compared to a complaint. The process for resolution of these two types of activities is often different due to severity, so this should be made clear as appropriate. ▪ If none, indicate that none have been received.
7. EXPANDING THE FIELD <i>a. The Simulation Program has activities that extend beyond the Program, contributing to the body of knowledge in the simulation community.</i> – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document that at least one (1) individual involved with the Program is a member of a healthcare simulation society or association.	▪ Programs typically include a list of faculty/staff, indicating any local, national, and/or international simulation societies to which they belong. ▪ Do not include CVs in response to this criterion.

ii. Document: Provide a list of activities (no more than 10) that support or contribute to knowledge within or about simulation.	▪ Programs need to provide a list of scholarly activity authored by Program faculty/staff locally, regionally, nationally, and/or internationally. – This could include (but is not limited to) poster and podium presentations, committee work, publication of articles, authorship of blogs, development of simulation scenarios, and simulation consulting. ▪ Do not include CVs in response to this criterion.
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